



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE 37243 - 1700

CHECKLIST

This check list will assist you in completing and returning the correct forms along with this document.
Enrollment Packets must include the following:

SNF or ICF or ICF/MR Recertification

Medicare Provider Number

— — — — —

Medicaid Provider Number

— — — — —

NPI Number

— — — — —

NPI Collection Form

Disclosure of Ownership

(2) HIPAA Agreements

No. 3 Group Application

Substitute W-9 Form

(Note: Complete only those contracts which are applicable to your program)

(2) Contracts For ICF/Level I

Signed by Provider:

(2) Contracts For SNF/Level II

Signed by Provider:

(2) Contracts For ICF/MR (Private)

Signed by Provider:

(2) Contracts For ICF/MR (State Operated)

Signed by Provider:

For Office Use Only

Contracts: Signed by Assistant Commissioner

(date)

Executed Contracts Returned to Provider

(date)

File Completed

Yes _____ No _____

(date)

(INITIAL)